

Standardized NNMC Workload Capture Guidelines

16 March 2001

References:

- DODI 6015.1-M, DoD Glossary
- DODI 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Facilities
- ADS Coding Guidelines
- MHS Optimization Plan

Primary Care Optimization: Primary Care Optimization (PCO) success depends on the realignment of staff and workload to optimize resources. Patients are seen at the appropriate level of care, be that physician, physician extender, nurse, or technician. In addition to PCO processes, prevention activities are key to a healthy population see attachment for correct use of "V" codes for prevention. However, not all intervention or prevention patient encounters are classified as "count" visits for obvious reasons. The terms "count" and "non-count" are used by the information systems (CHCS, ADS, EAS), and are not meant to be a reflection of the value of the work being done. Non-privileged providers are key to the success of primary care optimization. Service Lines and Services are encouraged to use the "non-count" function of CHCS and ADS/KG ADS to capture and code patient encounters that do not meet the visit definition criteria. These records can then be queried through a CHCS ad hoc to track and trend level of effort. In addition, the ADS records (Standard Ambulatory Data Record (SADR)) can also be costed out using the CHAMPUS Maximum Allowable Cost (CMAC) to quantify the cost avoidance realized through proper use of support staff. Cost avoidance can only be captured and quantified by accurately coding and tracking "non-count" encounters, and is as important to our success as revenue generating "count" encounters. The following rules are outlined in an effort to achieve optimization, to ensure workload is captured and coded according to current business rules, and to standardize the process throughout the National Naval Medical Center:

Basic Business Rules:

- Workload is assigned as "count" or "non-count" based on what happens during the encounter, not based on who does it (type of provider). In order for an encounter to "count" in CHCS, the Worldwide Workload Report, and MEPRS, it must meet all criteria in the definition of a visit (see below), regardless of the type of provider.
- 100% of "count" encounters must have a corresponding coded ADS/KG ADS record (Standard Ambulatory Data Record – SADR)
- 100% of inpatient admissions must have a corresponding coded CHCS record (Standard Inpatient Data Record – SIDR).
- Patient encounters must first be entered into CHCS and then into KG-ADS.
- Billing can only be done for credentialed providers – all nurse, IDC and residents "count" workload must be billed under a credentialed, supervising provider.

Other Definitions:

1. **Visit Definition:** Health care characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care regimen.

Visit Criteria: All criteria must be met before the encounter is defined as "count"

1. There must be interaction between provider and patient
2. Independent judgment about the patient's care must be used. Assessment of the patient's condition must be made and any one or more of the following must be accomplished:
 - a. Examination
 - b. Diagnosis
 - c. Counseling
 - d. Treatment
3. Documentation must be made in the patient's authorized record of medical treatment and must include at least the date, name of clinic/facility, reason for the visit, assessment of the patient, description of the interaction between provider and patient, disposition, and provider's signature.

NOTE: Classification of a visit shall not be dependent upon location of the patient or method of providing care (i.e. telephonic, telemedicine, direct contact).

Exclusions: An encounter will be considered a "non-count" encounter when:

- o One or more of the visit criteria are not met
- o More than one provider in the SAME specialty sees the patient on the same day for the same problem. Only the first encounter will be captured and coded as a visit. The exception to this rule is telemedicine.
- o The provider is a technician. Exception to this rule is Physical Therapy, Occupational Therapy, Orthotic Clinic, and Nutritional Medicine,

NOTE: CHCS (Patient Appointment and Scheduling (PAS) Module), specifically the *clinic* and *workload type* data fields of the Clinic Profile and Appointment Type files, is where you must define encounters as "count" or "non-count". If the Clinic Profile indicates "non-count", any encounters in that clinic will be "non-count" or "occasion of service". If an appointment is scheduled or walked in using an Appointment Type for which the *Workload Type* data field is "non-count", the associated encounter will be "non-count" or "occasion of service".

2. Definition of a Provider: Military (AD or Reserve) and civilian personnel (Civil Service and contract, including resource sharing and VA) granted privileges to diagnose, initiate, alter or terminate health care treatment regimens within the scope of his/her license, certification or registration. This category includes physicians, dentists, nurse practitioners, nurse anesthetists, nurse midwives, physical therapists, podiatrists, optometrists, clinical dieticians, social workers, clinical pharmacists, clinical psychologists, occupational therapists, audiologists, speech pathologists, physician assistants, or any other person providing direct patient care as may be designated by the ASD(HA).

Use of CHCS for Scheduling Purposes: CHCS may be used in the outpatient arena for scheduling purposes only, using "non-count" *clinic* and *workload type* indicators. This workload is captured for clinical reasons only, is coded in ADS/KG ADS, and a corresponding SADR record is generated. **NOTE:** Even though the workload is not recorded on the WWR or in MEPRS, improper use of MEPRS codes to establish "non-count" clinics will result in an Inappropriate MEPRS Code by Location error.

- MTF's should avoid using CHCS for scheduling-only purposes or "non-count" encounters unless there is clinical data to be captured during the patient encounter.
- In KG ADS, the clinic may choose "occasion of service" option that will allow the scheduling function, but will NOT prompt the provider to code the encounter, and will avoid generating a SADR.
- **NOTE:** Use of "non-count" encounters in CHCS is an option and is not mandatory. The above is offered only as instruction if you choose to use CHCS to capture "non-count" encounters.

Frequently Asked Questions

GENERAL: Use applicable CPT and HCFA Common Procedure Coding System (HCPCS) codes. Also, use the appropriate ICD-9-CM to capture diagnosis or presenting problem.

Service	Definition	Coding	Workload Count
Technician Clinical Encounters	Procedures, preventive activities, and provider protocols	E&M: 99211	<ul style="list-style-type: none"> In conjunction with a privileged provider's visit – technician is the additional provider; privileged provider visit is "count" and billable. Encounters separate from the provider's initial visit can be scheduled in CHCS as "non-count" or occasion of service
Nurse Clinical Encounters, including Nurse Managed Clinics	Non-privileged nurse clinical functions using physician protocols. NOTE: Nurse must be within voice communication distance from the credentialed provider for "count" visits. For chemotherapy treatment, follow the data capture procedures for "count" visits and use the applicable chemotherapy codes.	E&M: 99211 See note for count visit procedures	<ul style="list-style-type: none"> "Count" if visit definition criteria are met. NOTE: For nurse "count" visits, capture all workload under the nurse. The nurse must document the care and the supervising privileged provider MUST co-sign the record. E&M code 99211 is the only allowable code. NOTE: Use the designated "B" MEPRS code for Diabetic (BAE) and Hypertension (BAI) clinics if already separately established. Do not establish if not required. Use the appropriate clinic service MEPRS code and designate at the 4th level for other condition/disease management programs (coumadin, asthma).
Nurse/technician Prevention activities	Counseling/ anticipatory guidance/risk factor reduction interventions provided to individuals when seen: • In conjunction with privileged provider's visit • At a separate encounter for the purpose of promoting health and preventing illness or injury	E&M: 99211	<ul style="list-style-type: none"> "Non-count" if activity does not meet visit definition criteria Sign as additional provider; privileged provider visit is "count" and billable "Non-count" NOTE: May use "For Clinic Use Only" on the ADS form to track telephone or face-to-face interventions, or more detailed prevention activities using 99401-99404 (individual) and 99411-99412 (group)

Issue	Definition	Coding	Workload Count
Counseling groups of patients with symptoms or established illness	Privileged provider educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instruction)	N/A	<ul style="list-style-type: none"> "Non-count"; UNLESS each patient is individually counseled and documentation is entered into each patient's record.
Nurse/technician Patient Education as separate encounter	Breast feeding; crutch usage; wound care; diabetic counseling; insulin administration;	E&M: 99211 E&M: 99211	<ul style="list-style-type: none"> "Non-count"
Physical Therapy, Diet Therapy, Occupational Therapy, Orthotics Technicians	Technicians conducting patient care in the outpatient or inpatient setting.	E&M: 99211	<ul style="list-style-type: none"> "Count" visit; BLA, BAL, BLB, and BEE respectively regardless of location of service (MTF or Wellness Center) <p>NOTE: This activity done as part of an inpatient stay is not captured or coded separately. If the activity is actually a consultation on the inpatient unit, capture in the appropriate "B" clinic in the same way as any other consultant.</p>
Face to Face Triage	Is not provider specific (could be nurse, PA, NP, etc) NOTE: Technicians do not do triage.	N/A	<p>N/A; part of patient level of care determination</p> <p>NOTE: If triage provider also directs patient care, the encounter moves from triage to a visit.</p>
Non-privileged Provider Telephone Triage/ Advice Lines/consults	Telephone interaction between a non-privileged provider and patient. Provider protocols may or may not be used. Documentation is included in the patient's record.	E&M: 99211	<ul style="list-style-type: none"> "Non-count"; "For Clinic Use Only" area may be used to select that the encounter is telephone; times/lines and the approximate time of the call <p>NOTE: These encounters are captured using 4th level MEPRS code "T", "walk-in" appointment type, non-count – do not use T-con appointment type</p>
Privileged Provider Telephone Consults	Telephonic interaction between privileged provider and patient.	E&M: 99371-99373	<ul style="list-style-type: none"> "Count" visit when unexpected circumstances and treatment plans are discussed. Must meet visit criteria and be documented in patient's authorized record of medical treatment. <p>NOTE: Calls for follow-up results are continuation of care, and leaving phone messages or calling for a prescription refill are examples of "non-count"</p>
Physician Case Management	Coordinating and controlling access to or initiating and/or supervising other health care services needed by the patient. Team conferences.	E&M: 99361-99362	<ul style="list-style-type: none"> "Non-Count" – the patient is not present (usual case); "Count" visit – only if the patient is present <p>NOTE: Add any additional providers such as utilization management coordinators, dieticians, and occupational therapists</p>
Nurse/Social Work Case Management	Assess, plan, implement, coordinate, monitor, and evaluate options and services to meet a patient's health needs through communication and available resources to promote quality, cost-effective outcomes (CMSA)	E&M: 99211	<ul style="list-style-type: none"> "Non-count"; track in CHCS at 4th level MEPRS code in the clinic where the patient is enrolled or local database. "For Clinic Use Only" can be used to track telephone contact or direct contact and amount of time involved

Practice Type	Definition	Coding Guidelines	Workload Counting	Billing
Clinical Pharmacists	Credentialed to independently direct patient care outside the pharmacy environment	E&M: Applicable code	• “Count” visit if all criteria are met and designate at the 4 th level. Do not create a clinic in the “D” MEPRS code.	Y
Family Advocacy Program (FAP)	Services for domestic abuse; child/spouse abuse; neglect; etc.	N/A	<ul style="list-style-type: none"> • Workload data will not be reported in CHCS/ADS for civil service or contract personnel. CHCS can be used to schedule and track appointments as a “non-count” clinic, “non-count” appointment type. • Workload for active duty personnel – “count” visit, BFE <p>NOTE: Available and non-available time for <u>all personnel</u> will still be reported in MEPRS.</p>	N
IDC	Independent Duty Corpsman	E&M: 99211 See note for count visit procedures	<ul style="list-style-type: none"> • “Count” if visit definition criteria are met. • NOTE: For IDC “count” visits, capture all workload under the IDC. The IDC must document the care and the supervising privileged provider MUST co-sign the record. E&M code 99211 is the only allowable code. <p>NOTE: In addition, all billing must be done under the supervising, credentialed provider. Documentation and coding for these encounters must be done accurately or fraudulent billing will result. If the encounter is questionable please consult your coding and/or billing personnel.</p>	Y
Health and Wellness Center (HAWC)	Activities such as health promotions smoking cessation, cooking classes, weight training classes, body fat measurements, evaluation by health physicists	E&M: 99211	<ul style="list-style-type: none"> • “Non-count” if activity does not meet definition criteria • “Non-count” or occasion of service if CHCS is used for scheduling purposes; track all Wellness activity (e.g. FTEs) under FAZH. <p>NOTE: Privileged providers assigned to the Wellness Center and accomplishing workload they would otherwise do in a clinic must credit the workload back to the appropriate outpatient clinic MEPRS code, along with the privileged provider’s time – including nutritional medicine/diet activities that have been moved to the Wellness Center.</p>	N

Classification	Definition	Coding	Workload Count	Billing
Blood Pressure Checks	5-day blood pressure checks; checks not included in patient history;	N/A	<ul style="list-style-type: none"> Non-count unless done in conjunction with privileged provider visit. 	N
Suture Removal and Dressing Checks and Changes	Self-explanatory	E&M: 99211 ICD-9-CM: V58.3	<ul style="list-style-type: none"> "Non-count"; considered an extension of original visit NOTE: Do not use the procedure codes 15850-15852 as these are for procedures under other than local anesthesia 	N
Patient History	Vitals; presenting problem; family history; Patient scheduled to see technician only, or the technician portion of the PHA/physical	N/A	N/A; included in determining E&M assigned	N
Technician Physical Health Assessment/ Physical Exams		E&M: 99211	<ul style="list-style-type: none"> "Non-count" if CHCS is used for scheduling purposes Sign as an additional provider if patient seen in conjunction with a privileged provider visit 	Y
Records Reviews – Overseas Clearance	Provider reviews patient record without interaction with the patient	N/A	N/A; not reported in CHCS and ADS/KG ADS	N
Technician Behavioral Health Procedures	Encounters for biofeedback and central nervous system assessments/tests	E&M: 99211	<ul style="list-style-type: none"> "Non-count" NOTE: Technician is secondary provider if the patient has a privileged provider visit in conjunction with a biofeedback/testing session on the same day 	Y
Substance Abuse	Line-funded billets; drug/alcohol treatment program (ADAPT)	KG-ADS is not used	<ul style="list-style-type: none"> Workload is not captured in CHCS or ADS/KG-ADS. Personnel time is <u>NOT</u> reported in MEPRS Other support (housekeeping, supplies, etc) will be expensed in FCCG Support to Non-MEPRS Reporting Activities. 	N/A
Immunizations	Immunizations only; does not include allergy shots or ongoing injections done in the clinic.	E&M 99211 CPT for immunization	<ul style="list-style-type: none"> Workload captured under FBA (Immunization) is non-count but billable. To ensure data capture and identification of patients with Third Party insurance, immunization encounters will be walked in to CHCS and a KG-ADS encounter will be created which documents for billing purposes the specific service provided. 	Y
Residents/GME	Non-credentialed providers in a GMF setting.	<ul style="list-style-type: none"> If attending physician is present in the exam room for key components of the exam If seeing patients independently 	<ul style="list-style-type: none"> E&M: Appropriate code for attending provider E&M: 99201, 99202, 99203 99211, 99212, 99213 	<ul style="list-style-type: none"> "Count" encounter if meets visit definition criteria. Capture workload under the resident. All resident "count" workload should be billed under the supervising, credentialed provider.
EEG, ECG, cardiology, echo, pulmonary etc.	EEG/ECG/PFT/Holter, events monitor/ambulatory BP monitor is accomplished in a separate clinic (ER, flight medicine, family practice)	E&M: Appropriate codes for privileged provider's visit, CPT for procedure	<ul style="list-style-type: none"> Technician is listed as an additional provider; activity is not a separate encounter but is considered as part of the privileged provider's visit 	Y
	EEG/ECG/PFT/Holter, events	ADS is not used	<ul style="list-style-type: none"> Workload in appropriate DD** MEPRS code 	N

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monitor/ambulatory BP monitor accomplished centrally in the cardiopulmonary lab	<ul style="list-style-type: none"> Tests done with the provider present (e.g. EMG, stress test, pulmonary stress test, tilt table tests, etc) 	<ul style="list-style-type: none"> E&M: Appropriate codes 	<ul style="list-style-type: none"> NOTE: Tests interpreted by provider other than the org... provider are currently not captured as workload. The provider's time should be captured under the appropriate DD** MEPRS code.
Emergency Services Codes 99281-99285. Used if you are working (assigned to the ER or working as MOD) as part of the ESD staff. If you are consulting, the encounter is entered as a walk-in to your primary clinic.	<p>E&M Codes to Use with Caution</p> <p>Emergency Services Codes 99281-99285. Used if you are working (assigned to the ER or working as MOD) as part of the ESD staff. If you are consulting, the encounter is entered as a walk-in to your primary clinic.</p> <p>Laboratory and Radiology 70000-89399. Do not use unless clinic staff in the clinic does procedure. Examples include echos in OB/GYN, wet preps, and the tissue exam for fungi. If clinic staff in the clinic does not do the procedure, it should not be coded.</p> <p>Medication Management FOR PSYCHIATRIC DRUGS, 90862. Usually expect to see this used in Psychiatry Clinic. Pediatrics for attention deficit disorder, and occasionally for other physicians prescribing psychiatric drugs. One would not expect high numbers of this in the Emergency Services.</p>	<ul style="list-style-type: none"> "Count" visit in privileged provider's "B" MEPRS code. 	<ul style="list-style-type: none"> Technician is listed as additional provider

NOTE: Credentialed providers are the only providers allowed to bill per the Health Care Finance Administration (HCFA). Although nurse, IDC and resident "count" encounters at this time are captured and coded under the non-credentialed provider, they MUST be billed under the supervising, credentialed provider.

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NEW Military Unique Encounter Codes

DESCRIPTION	CODE
Mental Health Education	V62.81_0
Stress Education	V62.81_1
Suicide Education	V62.81_2
Occupational Stress Education	V62.1_0
Cancer Education	V65.49_0
Medication Education	V65.49_1
Hormone Replacement Education	V65.49_2
Calcium Replacement Education	V65.49_3
Tobacco Cessation Counseling	V65.49_4
Travel Medicine Education	V65.49_5
Occupational Exposure Education	V65.49_6
Alcohol Education	V65.42_0
Substance Abuse Counseling	V65.42_1
Armed Forces Medical Examination	V70.5_0
Aviation Examination	V70.5_1
Periodic Prevention Examination	V70.5_2
Occupational Examination	V70.5_3
Pre-deployment Examination	V70.5_4
During Deployment Examination	V70.5_5
Post-deployment Examination	V70.5_6
Fitness for Duty Examination	V70.5_7
Accession Examination	V70.5_8
Termination Examination	V70.5_9

Note: The underlines in the codes mark blank spaces. The underlines are not part of the codes as they appear in the CHCS code tables. The 5th digit is to contain the 5th digit for the codes that have them. The 6th digit is blank to accommodate the grouper so that it won't error out records past the 5th digit. The 7th digit code equals the extender codes.